



M. Jodi Rell
Governor

State of Connecticut
Department of Developmental Services



Peter H. O'Meara
Commissioner

Kathryn du Pree
Deputy Commissioner

TO: DMR Executive Staff and Regional Directors
Assistant Regional Directors and Group Leaders
Quality Improvement Directors
Directors of Self Determination

FROM: Kathryn du Pree, Deputy Commissioner *Kathryn du Pree*

DATE: July 1, 2009

SUBJECT: Revised Policies and Procedures

Attached are copies of the revised Policies and Procedures:

- I.E. PO.002 Behavior Support Plans Policy – Effective July 1, 2009
- I.E. PR.002 Behavior Support Plans Procedure – Effective July 1, 2009
- I.E. PO.003 Behavior Modifying Medications Policy – Effective July 1, 2009
- I.E. PR.003 Behavior Modifying Medications Procedure – Effective July 1, 2009
- I.E. PO.004 Program Review Committee Policy – Effective July 1, 2009
- I.E. PR.004 Program Review Committee Procedure – Effective July 1, 2009
- I.E. PR.006 Pre-Sedation for Medical & Dental Procedures Procedure – Effective July 1, 2009
- I.F. PO.006 Regional Human Rights Committee Policy – Effective July 1, 2009
- I.F. PR.006 Regional Human Rights Committee Procedure – Effective July 1, 2009

Several changes in current practice include:

- 1 Change Department of Mental Retardation/DMR to Departmental of Developmental Services/DDS
- 2 Revise definitions so they are consistent with other policies
- 3 Change Interdisciplinary Team/IT to Planning & Support Team/PST
- 4 Update Procedure to reflect current practice & be consistent with waiver requirements.
- 5 Revise Applicability Statement
- 6 For I.E. PR.006 Pre-Sedations there is a new Attachment D: 'Use of Pre-Medication for Medical/Dental Care Tracking When Reviewed by the HRC'. It provides a way to track multiple uses of Pre-Sedation/Medication for a person on one form. This will reduce staff time and require less paper.

Significant changes to the Program Review Committee Procedure (I.E. PR.004) will go into effect on July 1, 2009.

Generally, these changes concern what will need to be reviewed by the PRC and the frequency of the reviews. Under certain circumstances, an individual will not return for a review unless there is a significant change in the program or medications. Briefly, these changes include:

1. Behavior Modifying Medications that are utilized for any of the following treatments conditions will be exempt from the Program Review Committee process:
 - Mono-Therapies (single behavior modifying medication utilized for clear diagnosis obtained from the treating psychiatrist). These would include Depression and Anxiety Disorder.
 - Herbal Medications
 - Alzheimer's Medications
 - Dementia Medications

- Neurodegenerative Disorder Medications
 - Sleep Medications
 - End Of Life Medications
2. The Program Review Committee must review any use of an Aversive Procedure initially.
 3. Based on the stability of behaviors due to the behavioral intervention and/or behavior modifying medication, the PRC will determine the length of review cycle.
 4. Future PRC reviews will be evaluated in light of previous PRC reviews and/or the behavioral data that has been developed over time. This may mean no re-review by the PRC unless there is a change in the behavior modifying medications, or behavioral data increase, or additional restrictive interventions are felt to be necessary.

These changes have been clearly defined and added to the beginning of the implementation sections of the Program Review Committee procedure. They are also included in the behavior modifying medication, and behavior support plan procedures.

These changes will NOT affect the content of information and documentation required by interdisciplinary teams at PRC reviews, or how the review process is conducted. What is changing is what will need to be reviewed by the Program Review Committee and the frequency of the reviews.

These policies and procedures should replace corresponding sections in your DDS Manual, Part 1, Service Delivery Section E, Health and Safety and in Section F Human Rights and Legal Responsibilities. Please share and ensure training for all appropriate staff including managers, nurses, psychologists, and case managers.

Regional Health Service Directors and PRC Liaisons will be able to answer any specific questions about the enclosed policies and procedures. Also, you can contact Dr. H. Steven Zuckerman at DDS Central Office (860-418-6086).

cc: Private Providers